

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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DATE RECEIVED

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Offering of Partnership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Partnership Capital Growth Fund I, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
One Embarcadero Center, Suite 3810, San Francisco, CA 94111	415-705-8008
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Financial services and investment.	PROCESSED
Type of Business Organization  corporation business trust  Imited partnership, already formed business trust  limited partnership, to be formed	olease specify): APR 1 3 2007
Actual or Estimated Date of Incorporation or Organization:    Month   Year	FINANCIAI FINANCIAI

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A BASICII	DENUITUGATUON DATA		
2. Enter the information re	equested for the fo	•			·
Each promoter of	the issuer, if the is:	suer has been organized	within the past five years;		
Each beneficial ow	ner having the pow	ver to vote or dispose, or o	direct the vote or disposition	of, 10% or more o	f a class of equity securities of
<ul> <li>Each executive off</li> </ul>	ficer and director o	of corporate issuers and o	of corporate general and ma	maging partners of	partnership issuers; and
<ul> <li>Each general and i</li> </ul>	managing partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, PCG I, LLC	if individual)	···	•		
Business or Residence Addre One Embarcadero Cente					
Check Box(es) that Apply;	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Ares Capital Corporation	1				
Business or Residence Addre 280 Park Avenue, 22nd F		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Unison Investments Ltd.	if individual)	•			
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Thistle House, 4 Burnaby	Street, Hamilto	n HM11, Bermuda			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	r Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip	Code)		
Check Boy(es) that Apply:	☐ Promoter	D Bracketel Own	r	. M Disastos	General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Managing Partner

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ı.	Has the	issuer sold	l, or does th	e issuer in	ntend to sel	L to non-a	ccredited i	nvestors in	this offeri	ne?		Yes.	No 🔀
			·,			Appendix,				_		_	
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ıny individ	ual?	•••••	•••••		\$_0.00	<u> </u>
3.	Does the	e offering :	permit joint	ownershi	n of a sine	le unit?						Yes	No
4.	Enter th	e informat	ion request	ed for eacl	h person w	ho has bee	n or will b	e paid or g	given, dire	ctly or indi	rectly, any		
	If a perse or states	on to be lis , list the na	ilar remuner ted is an ass ime of the bi you may se	ociated pe roker or de	rson or age aler. If mo	nt of a brok ore than five	er or deale (5) persor	r registered is to be list	l with the S ed are asso	EC and/or	with a state		
Ful	l Name (I	Last name	fīrst, if indi	vidual)									
Bus	siness or l	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)						
Nai	ne of Ass	ociated Br	oker or Dea	ıler						•		. <u>-</u>	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers			· · · · · · · · · · · · · · · · · · ·			<del></del>
			or check									☐ All	States
	[AL]	AK	ΔZ	AR	CA	co	[CT]	DE	DC	FL	GA	HU	[ID]
		[N]	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	(NH)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH W∇	OK Wi	OR WY	PA PR
										•		<u> </u>	
rui	i Name (i	Last name	first. if indi	viduai)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or Dea	ıler									
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)				••••••			☐ All	States
	[AL]	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	(IL) (MT)	NE)	IA NV	KS)	KY NJ	LA NM	ME NY	MD NC	MA ND	МI) ОН	MN OK	MS OR	MO PA
	[RI]	SC	SD	TN	TX	ÜT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (l	Last name	first, if indi	vidual)			·			· ·	·		
Bus	siness or	Residence	: Address (N	lumber an	d Street, C	ity, State.	Zip Code)						<u></u>
							·						<del> </del>
Nai	me of Ass	sociated Bi	roker or Dea	aler									
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)			•••••	•••••			☐ All	States
	[AL]	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	[D]
	(IL) [MT]	NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	(MI) (OH)	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

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	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity		
	Common Preferred		·
	Convertible Securities (including warrants)		\$
	Partnership Interests		
	Other (Specify)	\$	\$
	Total	<u>\$_</u> 27,325,000.00	<u>\$</u> 27,325,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
•	Accredited Investors	31	\$ 27,325,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.			
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	,	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) Organizational Expenses		\$ 400,000.00
	Total	_	s 400,000.00

Mr.	Brent R. Knudsen	Authorized Signatory		
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	-	·
	er (Print or Type) rtnership Capital Growth Fund I, L.P.	Signature	Date US	<u>6)</u>
sig the	rissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Com redited investor pursuant to paragraph (b)(2)	imission, upon writt of Rule 502.	
		D. FEDERAL STONATURE		
	Total Payments Listed (column totals added)		[\$_2	6,925,000.00
	Column Totals		_	
			_ 	
	Other (specify): Investment Capital		🗀 \$	\$ 26,925,000.00
	Working capital			\$
	Repayment of indebtedness		_	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	🗆 \$	_ □\$
	Construction or leasing of plant buildings and fac	ilities	🗀 \$	\$
	Purchase, rental or leasing and installation of mac and equipment		🗆 \$	
	Purchase of real estate		🗆 \$	. 🗆 \$
	Salaries and fees		🗆 \$	\$
			Payments to Officers, Directors, & Affiliates	Payments to Others
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate of the payments listed must equal the adjusted gr	and	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gr	ross	\$
	·	•	·	

C. CEPERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDED

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

## E. STATESIGNATURE Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? X See Appendix, Column 5, for state response. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Date Issuer (Print or Type) Signatui 415/0-7 Partnership Capital Growth Fund I, L.P.

Title (Print or Type)

**Authorized Signatory** 

### Instruction:

Name (Print or Type)

Mr. Brent R. Knudsen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		<u> </u>		AU AU	PENDIX				}
1	Intend to non-a investor	I to sell accredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State				
State	Yes	No	(ran e-tem r)	Number of Accredited Investors	Amount	C-Item 2)  Number of Non-Accredited Investors	Amount	(Part E-	No
AL									
AK									
AZ									
AR			·						
CA		×	Partnership	12	\$6,950,000.	·			×
СО							<u> </u>		
СТ									
DE									
DC									
FL									
GA									
HII									
I.D									
IL									
IN									
l.A									
KS									
KY			·						
LA									
ME									
MD		х	Partnership	5	\$8,080,000.				×
MA		×	Partnership	2	\$2,550,000.	,			×
МІ									
MN									
MS									

	no sayar (sa		and the second	ADD	ENDIX	<u> </u>			
	Intenc to non-a investor	to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and  amount purchased in State  (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE					,				
ŊŅ									
NH									
NJ		×	Partnership	1	\$150,000.0				×
NM			Inidracy						
NY		х	Partnership Interest	2	\$750,000.00	; 			×
NC									
ND									
ОĤ			1						
ОК									
OR									
PA									
RI									
SC:									
SD									
TN									
TX:		×.	Partnership	1	\$1,000,000.				
UT									
VT						,			
VA.									
WA		×	Partnership	1	\$100,000.00				
WV									
Wi									
	1	41 ····	<u> </u>	1	.i.		1		

	APPENDIX										
ì		2	3  Type of security	Disqua			4				
	to non-a	I to sell accredited is in State I-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	,	Type of investor and amount purchased in State (Part C-Item 2)				attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											

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